

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2014



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BRISTOL, CT

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REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	11/03/2015	City Council	(If applicable) 1 st
4. PARTY AFFILIATION			
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other (Specify) _____			
5. CANDIDATE NAME			
First Name	MI	Last Name	Suffix
Mayra		Berrios - Sampson	
6. CANDIDATE RESIDENCE ADDRESS		7. CANDIDATE MAILING ADDRESS (If different)	
Street Address		Address	
588 Stafford Ave.		588 Stafford Ave.	
City	State	Zip Code	City
Bristol	CT	06010	Bristol
State	Zip Code	State	Zip Code
CT	06010	CT	06010
8. CANDIDATE TELEPHONE		9. CANDIDATE EMAIL ADDRESS	
(Include Area Code)			
(860) 845-5696		mayra2berrios@gmail.com	
10. DESIGNATION OF CAMPAIGN FUNDING SOURCE			
(Check one)			
<input checked="" type="checkbox"/> A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.			
Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.			
<input type="checkbox"/> B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.			
Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.			
Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.			
Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.			

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised January 2014



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REGISTRATION TYPE		CANDIDATE NAME			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Mayra Berrios Sampson			
11. COMMITTEE NAME					
Mayra for Council					
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 588 Stafford Ave.			Email Address mayra2berrios@gmail.com		
City Bristol		State CT	Zip Code 06010	Website	
15. TREASURER NAME					
First Name Amaris		MI M	Last Name Estrada		Suffix
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (if different)		
Street Address 112 Goodwin St. 2 nd Floor			Address Same		
City Bristol		State CT	Zip Code 06010	City	State Zip Code
18. TREASURER TELEPHONE			19. TREASURER EMAIL ADDRESS		
(Include Area Code) 203-450-3949			amestrada04@yahoo.com		
20. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address			Address		
City		State	Zip Code	City	State Zip Code
23. DEPUTY TREASURER TELEPHONE			24. DEPUTY TREASURER EMAIL ADDRESS		
(Include Area Code)					
25. DEPOSITORY INSTITUTION NAME					
Bristol Municipal Employers FCU					
26. DEPOSITORY INSTITUTION ADDRESS					
Address 363 North Main St.			City Bristol		State CT Zip Code 06010

SEEC FORM 1A

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REGISTRATION TYPE	CANDIDATE NAME
<input checked="checked" type="checkbox"/> Initial <input type="checkbox"/> Amendment	<div style="font-size: 1.2em; font-family: cursive;">Mayra Berrios Sampson</div>

27. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Mayra Berrios Sampson

CANDIDATE SIGNATURE

8/5/2015

DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

[Signature]

TREASURER SIGNATURE

8/5/15

DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION

Certification of Exemption From Forming a Candidate Committee

Revised January 2014



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REGISTRATION TYPE	CANDIDATE NAME
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment	

11. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE

I hereby certify that I am exempt from forming a candidate committee because: (CHECK ONE)

- ☐ A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is:

OR

- ☐ B. I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

- ☐ C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).

OR

- ☐ D. I do not intend to receive or expend any funds, including personal funds, for this campaign.

12. CERTIFICATION

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)